



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Elect Dauphinais			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First William	MI L	Last Jenkins		Suffix	
4. TREASURER ADDRESS					
Street Address 63 Ridge Rd	City Chaplin	State CT	Zip Code 06235		
5. ELECTION DATE 11/05/2024	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R044	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Anne	MI	Last Dauphinais		Suffix	
9. TYPE OF REPORT					
January 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
10/30/2024		thru		12/31/2024	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing	William Jenkins	02/23/2026 6:26:07PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Elect Dauphinais	January 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$28,593.01	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$5,940.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$36,500.02
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$42,440.02
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$28,593.01	\$42,440.02
20. Expenses Paid by Committee (Section N)	\$26,088.82	\$39,935.83
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$2,504.19	\$2,504.19
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Elect Dauphinais		January 10 Filing - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No Executive Legislative			Yes No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
If yes, list Event #	No	Cash	Personal Check		
		Money Order	Credit/Debit Card		

Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Elect Dauphinais				January 10 Filing - Amendment	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?		Amount of Contribution
			Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Elect Dauphinais				January 10 Filing - Amendment	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Elect Dauphinais				January 10 Filing - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	Amount Received
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	

Total of Section E

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State Zip Code

Total of Section G

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT		
Elect Dauphinais		January 10 Filing - Amendment		
I. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction	Amount Received	
Street Address	City	State		Zip Code
Description				
			Total of Section I	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Elect Dauphinais		January 10 Filing - Amendment	
J1. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
Location: Street Address		City	State Zip Code
Was this event hosted at a personal residence?	Yes No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes No	(If yes, enter Total Receipts here.)	
			Total of Section J1

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address	City	State	Zip Code
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Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host	Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4
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Street Address	City	State	Zip Code
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Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

K. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution		
If yes, list Event#				
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions	
Individual Committee Sole Proprietorship				

Total of Section K**III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Service Press		Date of Payment 10/30/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Day St		City Newington	State CT	Zip Code 06111
Purpose of Expend Misc *	Description (C) Direct mailing			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,676.40

Name of Payee Allied Printing		Date of Payment 10/30/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>107</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Allied Way		City Manchester	State CT	Zip Code 06045
Purpose of Expend Misc *	Description (C) Direct mailing			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$997.31

Name of Payee Danielson Elks Lodge		Date of Payment 10/30/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 13 Center St		City Danielson	State CT	Zip Code 06239
Purpose of Expend Misc *	Description (W) Hiring of hall for political event			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$260.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee FLS Connect	Date of Payment 11/03/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7300 Hudson Blvd N Ste N	City Saint Paul	State MN	Zip Code 55128
Purpose of Expend Misc *	Description (A) Advertising in electronic media	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,144.50

Name of Payee Republican Ads LLC	Date of Payment 11/03/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 700 Pennsylvania Ave SE Fl 2	City Washington	State DC	Zip Code 20003
Purpose of Expend Misc *	Description (A) Advertising in electronic media	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,000.00

Name of Payee Republican Ads LLC	Date of Payment 11/03/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 700 Pennsylvania Ave SE Fl 2	City Washington	State DC	Zip Code 20003
Purpose of Expend Misc *	Description (A) Advertising in electronic media	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Republican Ads LLC		Date of Payment 11/03/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 700 Pennsylvania Ave SE Fl 2		City Washington	State DC	Zip Code 20003
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,000.00

Name of Payee Sale Co		Date of Payment 11/05/2024	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15 Charter Oak Pl		City Hartford	State CT	Zip Code 06106
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$7,000.00

Name of Payee Rumble Up		Date of Payment 11/05/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2021 L St NW Ste 101-220		City Washington	State DC	Zip Code 20036
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$19.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Rumble Up		Date of Payment 11/05/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2021 L St NW Ste 101-220		City Washington	State DC	Zip Code 20036
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Rumble Up		Date of Payment 11/05/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2021 L St NW Ste 101-220		City Washington	State DC	Zip Code 20036
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Sale Co		Date of Payment 11/05/2024	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1712 Pioneer Ave Ste 500		City Cheyenne	State WY	Zip Code 82001
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$7,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Lowe's Home Centers, LLC		Date of Payment 11/11/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1150 Killingly Cmns		City Dayville	State CT	Zip Code 06241
Purpose of Expend Misc *	Description (F) Office supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$79.83

Name of Payee Shoppers Guide/Turnpike Buyer		Date of Payment 11/12/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 70 Main St		City Putnam	State CT	Zip Code 06260
Purpose of Expend Misc *	Description RCSA 9-706-2(a)(13) Thank you advertising			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$392.00

Name of Payee Lowe's Home Centers		Date of Payment 11/20/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1150 Killingly Cmns		City Dayville	State CT	Zip Code 06241
Purpose of Expend Misc *	Description (F) Office supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$53.40

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Devin Reddy		Date of Payment 11/21/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 42 Stafford Rd		City Mansfield Center	State CT	Zip Code 06250
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee Kimberley Martin		Date of Payment 12/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>111</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 184 Brooklyn Tpk		City Windham	State CT	Zip Code 06280
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$850.00

Name of Payee Rumble Up		Date of Payment 12/05/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2021 L St NW Ste 101-220		City Washington	State DC	Zip Code 20036
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee LRG Design	Date of Payment 12/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 194 Slater Hill Rd	City Dayville	State CT	Zip Code 06241
Purpose of Expend Misc *	Description (D) Political banners		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$348.83

Name of Payee Devin A Keehner	Date of Payment 12/28/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>114</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Charter Oak Pl	City Hartford	State CT	Zip Code 06106
Purpose of Expend Misc *	Description (P) Consultant		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$2,750.00

Name of Payee Sign Professionals	Date of Payment 12/28/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 303 W Main St	City Norwich	State CT	Zip Code 06360
Purpose of Expend Misc *	Description (D) Political banners		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$239.29

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Service Press		Date of Payment 12/29/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Day St		City Newington	State CT	Zip Code 06111
Purpose of Expend Misc *	Description (C) Direct mailing			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,676.40

Name of Payee Service Press		Date of Payment 12/29/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Day St		City Newington	State CT	Zip Code 06111
Purpose of Expend Misc *	Description (C) Palm cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$382.86

Name of Payee Jason Mossey		Date of Payment 12/30/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>118</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 204 Wright Rd		City Danielson	State CT	Zip Code 06239
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee William Jenkins	Date of Payment 12/31/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>119</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 Ridge Rd	City Chaplin	State CT	Zip Code 06235
Purpose of Expend Misc *	Description (P) Consultant	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$2,000.00
Total of Section N			\$26,088.82

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	January 10 Filing - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed? Yes No	
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	
Total of Section O			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor				Date of Transaction
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum				

Total of Section P**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor				Date Incurred
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	January 10 Filing - Amendment

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

Section J4. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought